

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

LIBERTARIAN NATIONAL COMMITTEE, INC.

ADDRESS (number and street)

2600 VIRGINIA AVE NW

SUITE 200

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20037

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00255695

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2011

through

02

28

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Redpath

Signature of Treasurer

Electronically Filed by William Redpath

Date

03

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The Committee wishes to disclose the following: 1) No expenditures designated on Schedule B supporting Line 21b were made on behalf of any specifically identified federal candidate(s). 2) The Libertarian National Committee (LNC) requests address, employer, and occupation information from all contributors whose yearly aggregate contributions exceed \$200.00 and informs them of the requirement of complying with 11 CFR 104.7(b)(1). In the event that the information is not supplied as a result of the initial request, Committee makes a subsequent attempt to collect the information by mail, email, or telephone contact within 30 days of the initial contribution. This 'follow up' request a) clearly asks for the missing information without requesting a contribution, b) informs the contributor of the requirements for reporting such information under federal law, and c) is enclosed with a pre-addressed envelope when sent by postal mail. If the information is submitted after the initial monthly report is filed, the contributor master file is updated and the information is updated in memo entries filed with the next regularly scheduled report. The Committee also makes periodic requests during the year for all contributors to update their contact information and for contributors whose yearly contributions aggregate to more than \$200 to update their Employer/Occupation information.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 49

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M M  
0 2D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 2D D  
2 8Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2011</span>		257807.24
(b) Cash on Hand at Beginning of Reporting Period .....	255188.03	
(c) Total Receipts (from Line 19) .....	109713.82	231547.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	364901.85	489355.00
7. Total Disbursements (from Line 31) .....	75415.30	199868.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	289486.55	289486.55
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	3013.11	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 49

Write or Type Committee Name

LIBERTARIAN NATIONAL COMMITTEE, INC.

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	2	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	2	2	8	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	36719.57	94527.57
(ii) Unitemized .....	71494.25	135368.74
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	108213.82	229896.31
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	108213.82	229896.31
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1500.00	1651.45
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	109713.82	231547.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	109713.82	231547.76

## DETAILED SUMMARY PAGE

of Disbursements

5 / 49

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	75415.30	192838.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	75415.30	192838.45	
22. Transfers to Affiliated/Other Party Committees.....	0.00	7000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	30.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	30.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75415.30	199868.45	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75415.30	199868.45	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 49

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	108213.82	229896.31
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	108213.82	229866.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	75415.30	192838.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1500.00	1651.45
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73915.30	191187.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 49

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mett B. Ausley, Jr.

Mailing Address 3412 Waccamaw Shores Rd

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Pathology

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8848

Amount of Each Receipt this Period

300.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ricardo Ben-Safed

Mailing Address 118 S 21st St Apt 1420

City

Philadelphia

State

PA

Zip Code

19103-4428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Behavioral Health

Occupation  
Socialworker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.14

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.8983

Amount of Each Receipt this Period

16.57

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Admiral Michael C. Colley

Mailing Address 444 Magnolia Dr

City

Gulf Shores

State

AL

Zip Code

36542-4408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired (U.S. Navy)

Occupation  
Vice Admiral, Ret.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.9375

Amount of Each Receipt this Period

150.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

466.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ervan Darnell

Mailing Address 3690 Dowitcher Ter

City

Fremont

State

CA

Zip Code

94555-1535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Face Book

Occupation

Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.9466

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael De Mello

Mailing Address 20225 County Road 33

City

Groveland

State

FL

Zip Code

34736-9578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Financial Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.9477

Amount of Each Receipt this Period

200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James W. Donaghy

Mailing Address 7 Ridgewood Dr

City

Bridgewater

State

CT

Zip Code

06752-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.9550

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Michael L. Donahue

Mailing Address 8405 Wyatt Way NE

City

Bainbridge Island

State

WA

Zip Code

98110-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Atty - At - Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.9552

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Samuel J. Edelston

Mailing Address 34 Daffodil Ln

City

Cos Cob

State

CT

Zip Code

06807-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boardroom Inc

Occupation

VA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.9635

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Steven Fox

Mailing Address 25 Cushing Dr

City

Mill Valley

State

CA

Zip Code

94941-1060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Den LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.9778

Amount of Each Receipt this Period

5000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Joseph P. Gillotte

Mailing Address 8220 David Hwy

City

Lyons

State

MI

Zip Code

48851-9755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presort Services, Inc.

Occupation

Bus. Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.9876

Amount of Each Receipt this Period

120.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Gilmer

Mailing Address 1583 McLendon Ave NE

City

Atlanta

State

GA

Zip Code

30307-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deloitte

Occupation

Management Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: SA11AI.9878

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Vince Hanke

Mailing Address 6795 Sunbriar Dr

City

Cumming

State

GA

Zip Code

30040-6589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.10044

Amount of Each Receipt this Period

6000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

6370.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Leslie C. Hardison

Mailing Address 26803 W Apple Tree Ln

City

Barrington

State

IL

Zip Code

60010-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	1	1

Transaction ID: SA11AI.10058

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Heap

Mailing Address 325 W 93rd St Apt 4

City

New York

State

NY

Zip Code

10025-7258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11AI.10110

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

George Hess

Mailing Address 66 Heatherdowns Ln

City

Galena

State

IL

Zip Code

61036-8638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11AI.10145

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Pamela J. Hoiles

Mailing Address 25 Hillside Rd

City

Greenwich

State

CT

Zip Code

06830-4834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.10199

Amount of Each Receipt this Period

150.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Dr. James Zachary Holtz

Mailing Address 884 Bricco Ct

City

Pleasanton

State

CA

Zip Code

94566-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.10216

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubbard, Broadbent & Asso-  
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.10247

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

650.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Lincoln B. Hubbard

Mailing Address 4113 W End Rd

City

Downers Grove

State

IL

Zip Code

60515-2307

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hubbard, Broadbent & Asso-  
ciates LTD.

Occupation

Radiological Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.10248

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Karl Kolenich

Mailing Address 115 Island Ave

City

Buckhannon

State

WV

Zip Code

26201-2823

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Klie Law Offices

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: SA11AI.10518

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Paul Lakamp

Mailing Address 12105 41st Ave N Apt 214

City

Minneapolis

State

MN

Zip Code

55441-1226

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Griffith Corp.

Occupation

Accounts Payable

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11AI.10579

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Martin Lessans

Mailing Address 7419 Baltimore Annapolis Blvd

City

Glen Burnie

State

MD

Zip Code

21061-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Passport Health, Inc

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.10627

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Andra R. Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Home Maker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5066.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.10643

Amount of Each Receipt this Period

2533.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Joe Liemandt

Mailing Address 801 W 5th St Apt 2901

City

Austin

State

TX

Zip Code

78703-5464

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trilogy

Occupation  
Software

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.10644

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

5283.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jaime J. Marcio

Mailing Address 2428 Upas Ave Apt 10

City

McAllen

State

TX

Zip Code

78501-6456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South TX Comm College

Occupation  
professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.10733

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. David R. Mason

Mailing Address 2234 E Crosby Rd

City

Carrollton

State

TX

Zip Code

75006-7744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Verizon Wireless

Occupation  
Telecom Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.10762

Amount of Each Receipt this Period

200.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Alexander Mittelman

Mailing Address 3408 Malaga Ct

City

Calabasas

State

CA

Zip Code

91302-3076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.10922

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stephen W. Modzelewski

Mailing Address 1578 River Rd

City

New Hope

State

PA

Zip Code

18938-9267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Watermark Group

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.10925

Amount of Each Receipt this Period

150.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. William G. Murphey

Mailing Address 7047 S Stratton Ln

City

Gurnee

State

IL

Zip Code

60031-5218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.11009

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Daniel Nardini

Mailing Address 215 Calvert Ave

City

Chadwick

State

IL

Zip Code

61014-9304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawndale News

Occupation

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.11024

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Ms. Pamela P. Potter

Mailing Address 538 Spring Place Rd NE

City

White

State

GA

Zip Code

30184-2232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.11273

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl Quinn

Mailing Address 7171 Falcon Knoll Dr

City

San Jose

State

CA

Zip Code

95120-5827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Netflix

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.11304

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gil Robinson

Mailing Address 5150 Broadway St # 610

City

San Antonio

State

TX

Zip Code

78209-5710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11410

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

David A. Rose

Mailing Address 20229 Shipley Ter Apt 301

City

Germantown

State

MD

Zip Code

20874-3710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Integrated Research

Occupation

Solutions Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.11446

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Steve Rothacker

Mailing Address 689 Kentwood Dr

City

Rockwall

State

TX

Zip Code

75032-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unique Indoor Comfort

Occupation

Contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.11456

Amount of Each Receipt this Period

10000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Steve Shlansky

Mailing Address 1410 Waterford Green Way

City

Marietta

State

GA

Zip Code

30068-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Go! Productions Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.11642

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Don Smart

Mailing Address 15 E 48th St

City

Savannah

State

GA

Zip Code

31405-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smart & Harris

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.11691

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Neill Snider

Mailing Address 2515 Cedar Ridge Rd

City

Waco

State

TX

Zip Code

76708-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neill Mech.Tech.

Occupation  
Mech.contractor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.11712

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. John R. Sparduto

Mailing Address PO Box 469114

City

Escondido

State

CA

Zip Code

92046-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren Properties

Occupation  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.11730

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Aaron Starr

Mailing Address 4048 Tucson St

City

Simi Valley

State

CA

Zip Code

93063-1144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Haas Automation, Inc.

Occupation  
Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.11766

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ronald L. Taggart

Mailing Address 3813 Lake Run Blvd

City

Stow

State

OH

Zip Code

44224-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Printing Concepts, Inc

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.11851

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. George R. Whitfield

Mailing Address 45107 Tarney Wood Dr

City

Portsmouth

State

VA

Zip Code

23703-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Halcyon Search International

Occupation  
Executive Search International

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.12138

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 49

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Eric C. Wood

Mailing Address 225 McGowen Rd

City

Monroe

State

LA

Zip Code

71203-9390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Info Requested

Occupation

Info Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.12207

Amount of Each Receipt this Period

25.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

25.00

**TOTAL** This Period (last page this line number only) .....

36719.57

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 49

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Red Rock Casino Resort &amp; Spa

Mailing Address 11011 W. Charleston Blvd.

City

Las Vegas

State

NV

Zip Code

89135-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	1

Transaction ID: SA15.12470

Amount of Each Receipt this Period

1500.00

Refund of duplicate billi-  
ng

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

1500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
American National Insurance Co.

Mailing Address PO Box 696830

City San Antonio State TX Zip Code 78269-6830

Purpose of Disbursement  
LP 401k Co. and Employee Match

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.12307

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

4575.66

**B.** Full Name (Last, First, Middle Initial)  
B & B Duplicators

Mailing Address 818 18th Street NW LL15

City Washington State DC Zip Code 20006-0000

Purpose of Disbursement  
Non Candidate Party Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.12309

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

424.00

**C.** Full Name (Last, First, Middle Initial)  
Robert C. Benedict

Mailing Address 2400 Virginia Ave NW  
Apt C1125

City Washington State DC Zip Code 20037-2661

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: SB21B.12310

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1991.22

**SUBTOTAL** of Disbursements This Page (optional) .....

6990.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Robert C. Benedict

Transaction ID: SB21B.12311

Date of Disbursement

02 / 16 / 2011

Mailing Address 2400 Virginia Ave NW  
Apt C1125

City Washington State DC Zip Code 20037-2661

Amount of Each Disbursement this Period

1991.45

Purpose of Disbursement

Employee Net Pay

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

BentleyForbes Watergate LLC

Transaction ID: SB21B.12312

Date of Disbursement

02 / 25 / 2011

Mailing Address PO Box 373378

City Cleveland State OH Zip Code 44193-3378

Amount of Each Disbursement this Period

10906.77

Purpose of Disbursement

Office Rent, Tax, Maintenance & Utilities

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Comcast

Transaction ID: SB21B.12313

Date of Disbursement

02 / 08 / 2011

Mailing Address PO Box 3005

City Southeastern State PA Zip Code 19398-3005

Amount of Each Disbursement this Period

73.74

Purpose of Disbursement

Cable and DSL Services

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

12971.96

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Copier Maintenance and Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12314

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

152.91

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12315

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

18.90

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12316

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

151.22

SUBTOTAL of Disbursements This Page (optional) .....

323.03

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12317

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

248.00

B.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Admin. Funding Assessment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12318

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

13.96

C.

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Unemployment Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12319

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

111.65

SUBTOTAL of Disbursements This Page (optional) .....

373.61

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

DC Office of Tax & Revenue

Mailing Address 941 North Capitol St, NE 6th Flr

City  
Washington

State  
DC

Zip Code  
20002-0000

Purpose of Disbursement  
DC - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12320

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

249.62

**B.**

Full Name (Last, First, Middle Initial)

De Lage Landen Financial

Mailing Address PO Box 41602  
Ref Acct 014645

City  
Philadelphia

State  
PA

Zip Code  
19101-1602

Purpose of Disbursement  
Copier Lease

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12322

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

570.12

**C.**

Full Name (Last, First, Middle Initial)

Arthur DiBianca

Mailing Address 619 Friar Tuck Ln.

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12323

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

1440.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2259.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Arthur DiBianca

Mailing Address 619 Friar Tuck Ln.

City  
Austin

State  
TX

Zip Code  
78704-5609

Purpose of Disbursement  
Administrative Support Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12324

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

1440.00

B.

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City  
Dumfries

State  
VA

Zip Code  
22026-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12325

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1003.72

C.

Full Name (Last, First, Middle Initial)

Susan M. Dickson

Mailing Address 3410 Vineland Place

City  
Dumfries

State  
VA

Zip Code  
22026-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12326

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

1022.46

SUBTOTAL of Disbursements This Page (optional) .....

3466.18

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City  
StaffordState  
VAZip Code  
22554-4006Purpose of Disbursement  
Employee Net Pay

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

1076.62

**B.**

Full Name (Last, First, Middle Initial)

Dominick J. Dunbar

Mailing Address 470 Raven Rd

City  
StaffordState  
VAZip Code  
22554-4006Purpose of Disbursement  
Employee Net Pay

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12328

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

953.45

**C.**

Full Name (Last, First, Middle Initial)

Paula Edwards

Mailing Address 1200 G Street, N.W. Suite 800

City  
WashingtonState  
DCZip Code  
20005-0000Purpose of Disbursement  
Fec Filing and Amendments for 2011

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12329

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	1

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional) .....

3280.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement

Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12330

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

70.01

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement

Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12331

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

1630.00

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement

Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12332

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

184.45

**SUBTOTAL** of Disbursements This Page (optional) .....

1884.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12333

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

184.45

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12334

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

788.67

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12335

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

534.26

**SUBTOTAL** of Disbursements This Page (optional) .....

1507.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Federal Unemployment

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12336

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

45.43

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Federal Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12337

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

1462.00

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Medicare Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12338

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

164.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1671.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Medicare Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.12339

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

164.53

**B.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Social Security Company

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.12340

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

703.53

**C.** Full Name (Last, First, Middle Initial)  
Financial Agent Federal Tax Deposit

Mailing Address PO Box 970030

City State Zip Code  
St. Louis MO 63197

Purpose of Disbursement  
Social Security Employee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: SB21B.12341

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

476.59

**SUBTOTAL** of Disbursements This Page (optional) .....

1344.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

FP Mailing Solutions

Mailing Address PO Box 4510

City  
Carol Stream

State  
IL

Zip Code  
60197-4510

Purpose of Disbursement  
EOM Postage & Meter Resets

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12342

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Great American Leasing

Mailing Address PO Box 660831

City  
Dallas

State  
TX

Zip Code  
75266-0831

Purpose of Disbursement  
Post Meter Lease Agreement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12343

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

160.99

**C.**

Full Name (Last, First, Middle Initial)

Casey T. Hansen

Mailing Address 1445 Ogden St. NW  
Apt #212

City  
Washington

State  
DC

Zip Code  
20010-0000

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12344

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1022.72

**SUBTOTAL** of Disbursements This Page (optional) .....

1683.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Casey T. Hansen</p> <p>Mailing Address 1445 Ogden St. NW Apt #212</p> <p>City Washington State DC Zip Code 20010-0000</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12345</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1049.98</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Kyle J. Hartz</p> <p>Mailing Address 1713 N Taylor St</p> <p>City Arlington State VA Zip Code 22207-3158</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12346</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1323.97</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Kyle J. Hartz</p> <p>Mailing Address 1713 N Taylor St</p> <p>City Arlington State VA Zip Code 22207-3158</p> <p>Purpose of Disbursement Employee Net Pay</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.12347</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>437.37</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2811.32**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Humana Health Insurance

Mailing Address 4201 W. Parmer Lane, Bldg. A, Suit

City Austin State TX Zip Code 78727-0000

Purpose of Disbursement  
Employee Medical

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12348

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

405.17

B.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address PO Box 0073

City Ogden State UT Zip Code 84201-0073

Purpose of Disbursement  
1120-POL Tax on Interest

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12350

Date of Disbursement

02 / 24 / 2011

Amount of Each Disbursement this Period

342.00

C.

Full Name (Last, First, Middle Initial)

Michelle A. Jelnicky

Mailing Address 9339 Bonnie Briar Cir.

City Charlotte State NC Zip Code 28277-1578

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12351

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

298.91

SUBTOTAL of Disbursements This Page (optional) .....

1046.08

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12352

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

435.90

**B.**

Full Name (Last, First, Middle Initial)

Joe Ragan's

Mailing Address PO Box 125

City  
Springfield

State  
VA

Zip Code  
22150-0125

Purpose of Disbursement  
Office Supplies

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12353

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

744.12

**C.**

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City  
Essex

State  
MD

Zip Code  
21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12354

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

1516.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2696.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Robert Johnston

Mailing Address PO Box 7742

City  
Essex

State  
MD

Zip Code  
21221-0742

Purpose of Disbursement  
Tele-fundraising Consulting

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12355

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1390.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Kraus

Mailing Address 5375 Duke St Apt 1012

City  
Alexandria

State  
VA

Zip Code  
22304-3018

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12356

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1502.40

C.

Full Name (Last, First, Middle Initial)

Mr. Robert Kraus

Mailing Address 5375 Duke St Apt 1012

City  
Alexandria

State  
VA

Zip Code  
22304-3018

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12357

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

1502.40

SUBTOTAL of Disbursements This Page (optional) .....

4394.80

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

Mailing Address 1219 Park Rd NW Apt B

City  
Washington

State  
DC

Zip Code  
20010-2096

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12359

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

792.09

B.

Full Name (Last, First, Middle Initial)

Nigel A. Lyons

Mailing Address 1219 Park Rd NW Apt B

City  
Washington

State  
DC

Zip Code  
20010-2096

Purpose of Disbursement  
Employee Net Pay

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12360

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

792.08

C.

Full Name (Last, First, Middle Initial)

MacBain Printing Co. Inc.

Mailing Address 1301-B Governor Ct.

City  
Abington

State  
MD

Zip Code  
21009-0000

Purpose of Disbursement  
Non Candidate Party Printing Service

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12362

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

2835.00

SUBTOTAL of Disbursements This Page (optional) .....

4419.17

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Merchant Services</b>	<b>Transaction ID:</b> SB21B.12363 <b>Date of Disbursement</b>																				
Mailing Address 890 Mountain Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City New Providence State NJ Zip Code 07974-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">565.93</td> </tr> </table>	565.93																			
565.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>PAETEC - US LEC Corp.</b>	<b>Transaction ID:</b> SB21B.12371 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1283	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Buffalo State NY Zip Code 14240-1283	Amount of Each Disbursement this Period																				
Purpose of Disbursement Phone and Data Services Candidate Name	<table border="1"> <tr> <td colspan="10">1169.31</td> </tr> </table>	1169.31																			
1169.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Stephen W. Palubinsky</b>	<b>Transaction ID:</b> SB21B.12374 <b>Date of Disbursement</b>																				
Mailing Address PO box 1208 307 Main St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City Convingham State PA Zip Code 18219-1208	Amount of Each Disbursement this Period																				
Purpose of Disbursement Employee Net Pay Candidate Name	<table border="1"> <tr> <td colspan="10">339.42</td> </tr> </table>	339.42																			
339.42																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2074.66**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

PayPal Merchant Services

Mailing Address 2211 N. First St.

City  
San Jose

State  
CA

Zip Code  
95131-0000

Purpose of Disbursement  
Credit Card processing Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12375

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1042.62

B.

Full Name (Last, First, Middle Initial)

PNC Visa Card

Mailing Address P.O. Box 856176

City  
Louisville

State  
KY

Zip Code  
40285-6176

Purpose of Disbursement  
PNC Visa Card Payment(See Attached Memos)

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

7510.38

C.

Full Name (Last, First, Middle Initial)

AT&T - Mobility

Mailing Address PO Box 6463

City  
Carol Stream

State  
IL

Zip Code  
60197-6463

Purpose of Disbursement  
Cell Phone and Data Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.1

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

97.23

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

8553.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Facebook, Inc.

Mailing Address 1601 S. California Ave

City  
Palo Alto

State  
CA

Zip Code  
94304-0000

Purpose of Disbursement  
Facebook ad

Candidate Name

004

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.5

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

415.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Image West, Inc.

Mailing Address 6643 Schuster St.

City  
Las Vegas

State  
NV

Zip Code  
89118-0000

Purpose of Disbursement  
Video Lighting Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.9

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

538.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Lyrus Tech - Sparklist

Mailing Address PO Box 49023

City  
San Jose

State  
CA

Zip Code  
95161-9023

Purpose of Disbursement  
Email Marketing Services

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.11

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

PMR Assc. Ltd.

Mailing Address 5709 Granby Road

City State Zip Code  
Rockville MD 20855-1420

Purpose of Disbursement  
Computer & Server Repair and Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.13

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

781.25

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Rackspace US Inc.

Mailing Address 9725 Datapoint Dr. #100

City State Zip Code  
San Antonio TX 78229-0000

Purpose of Disbursement  
Website Hosting Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.14

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

649.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Red Rock Casino Resort & Spa

Mailing Address 11011 W. Charleston Blvd.

City State Zip Code  
Las Vegas NV 89135-0000

Purpose of Disbursement  
2012 Convention Hotel Deposit

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12378.15

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

<b>A.</b> Full Name (Last, First, Middle Initial) Reflective Security Inc.	<b>Transaction ID:</b> SB21B.12378.16 <b>Date of Disbursement</b>																				
Mailing Address 2370 E Stadium Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Ann Arbor State MI Zip Code 48104-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Tele-prompter Equipment Candidate Name	<table border="1"> <tr> <td colspan="10">293.50</td> </tr> </table>	293.50																			
293.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Staples, Inc	<b>Transaction ID:</b> SB21B.12378.17 <b>Date of Disbursement</b>																				
Mailing Address 500 Staples Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Framingham State MA Zip Code 01702-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Office Supplies Candidate Name	<table border="1"> <tr> <td colspan="10">142.69</td> </tr> </table>	142.69																			
142.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ThePlanet.com	<b>Transaction ID:</b> SB21B.12378.18 <b>Date of Disbursement</b>																				
Mailing Address 1333 N. Stemmons Fwy #110	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
City Dallas State TX Zip Code 75207-3724	Amount of Each Disbursement this Period																				
Purpose of Disbursement Email Server Hosting Expense Candidate Name	<table border="1"> <tr> <td colspan="10">574.00</td> </tr> </table>	574.00																			
574.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.**

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address 2500 virginia Ave NW

City  
Washington

State  
DC

Zip Code  
20037-0000

Purpose of Disbursement  
Business Reply Mail Postage

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12411

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12412

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

128.79

**C.**

Full Name (Last, First, Middle Initial)

QuickBooks Payroll Service

Mailing Address PO Box 30015

City  
Reno

State  
NV

Zip Code  
89520-3015

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.12413

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

23.85

**SUBTOTAL** of Disbursements This Page (optional) .....

1152.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Gary Sinawski

Mailing Address 180 Montague St., Apt 25-B

City State Zip Code  
Brooklyn NY 11201-3623

Purpose of Disbursement  
LP Legal Expenses

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12414

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

State Farm Insurance Com

Mailing Address PO Box 588002  
Insurance Support -2109907138

City State Zip Code  
North Metro GA 30029-8002

Purpose of Disbursement  
Insurance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12416

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

305.73

C.

Full Name (Last, First, Middle Initial)

Terra Eclipse, Inc.

Mailing Address 9043 Soquel Dr.

City State Zip Code  
Aptos CA 95003-0000

Purpose of Disbursement  
LP.org Website Management

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12418

Date of Disbursement

02 / 08 / 2011

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional) .....

3705.73

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

Ticketmaster

Mailing Address 1601 Elm St., Ste. 700

City  
Dallas

State  
TX

Zip Code  
75201-0000

Purpose of Disbursement  
Credit Card processing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12419

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

395.76

B.

Full Name (Last, First, Middle Initial)

Tri-State

Mailing Address PO Box 433  
6900 Faigle Road

City  
Beltsville

State  
MD

Zip Code  
20705-0433

Purpose of Disbursement  
Non Candidate Party Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12421

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

3350.00

C.

Full Name (Last, First, Middle Initial)

Tri-State

Mailing Address PO Box 433  
6900 Faigle Road

City  
Beltsville

State  
MD

Zip Code  
20705-0433

Purpose of Disbursement  
Non Candidate Party Mailing Service

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12422

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1769.25

SUBTOTAL of Disbursements This Page (optional) .....

5515.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 49

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

A.

Full Name (Last, First, Middle Initial)

United Healthcare Ins., Inc.

Mailing Address Dept. CH-10151

City  
Palatine

State  
IL

Zip Code  
60055-0151

Purpose of Disbursement  
Employee Medical

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12423

Date of Disbursement

02 / 22 / 2011

Amount of Each Disbursement this Period

365.87

B.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City  
Richmond

State  
VA

Zip Code  
23261-6644

Purpose of Disbursement  
VA - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12424

Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

327.00

C.

Full Name (Last, First, Middle Initial)

Virginia Dept. of Taxation

Mailing Address PO Box 26644

City  
Richmond

State  
VA

Zip Code  
23261-6644

Purpose of Disbursement  
VA - Withholding

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.12425

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

252.00

SUBTOTAL of Disbursements This Page (optional) .....

944.87

TOTAL This Period (last page this line number only) .....

75070.93



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 49 / 49

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

LIBERTARIAN NATIONAL COMMITTEE, INC.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bigeye Direct, Inc.Nature of Debt (Purpose):  
Non Candidate Party Mail-  
ing Service

Mailing Address PO Box 710865

City	State	ZIP Code
Oak Hill	VA	20171-0865

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12468

Amount Incurred This Period

1913.11

Payment This Period

0.00

Outstanding Balance at Close of This Period

1913.11

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Independent Printing Co., Inc.Nature of Debt (Purpose):  
Non Candidate Party Print-  
ing Service

Mailing Address 8735 Bollman Place, Ste #A

City	State	ZIP Code
Savage	MD	20763-0000

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12469

Amount Incurred This Period

1100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1100.00

**1) SUBTOTALS** This Period This Page (optional).....

3013.11

**2) TOTALS** This Period (last page this line number only).....

3013.11

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3013.11